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| Case Number: | CM13-0055040 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/16/1990 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male who reported an injury on 12/16/1990. The mechanism of injury was not provided. The clinical documentation indicated the injured worker had an MRI in 07/2013. The documentation of 08/30/2013 revealed the injured worker had chronic severe low back pain due to lumbar disc disease with chronic lumbar pain and lumbar radiculopathy. It was indicated the injured worker had taken a turn for the worst. His leg complaints involved the left leg however, over the last 2 to 3 months, the injured worker noted numbness, tingling, weakness, and pain extending to the left foot and now to a lesser degree in the right leg extending to the ankle region. It was further documented that in addition, the injured worker noted intermittent numbness and pain radiating to the groin/testicular region, as well as the medial thighs. The injured worker's medications included Xodol, tizanidine, naproxen, Senna, Trazodone, Xanax, omeprazole, tizanidine, Medrol, ropinirole, hydrochloride, tamsulosin, and Lisinopril 10 mg tablets. The injured worker's sitting leg raise was positive bilaterally. The squatting was abnormal. The injured worker's toe and heel walk were abnormal. The strength was decreased in the bilateral lower extremities. The sensation to pin touch was decreased in the left L3 and L4 and decreased in the right L2 through S1. The deep tendon reflexes in the lower extremities were decreased, but equal. On 07/08/2013, it was indicated the injured worker had a urine drug screen that was negative for Xanax. The request was made for medications and an updated lumbar MRI. The physician opined that as the injured worker had experienced increase in low back pain and leg pain, the injured worker had necessary for a repeat MRI. The diagnoses included spasm of muscle, degenerative disc disease lumbar, and lumbar spine stenosis, and lumbar radiculopathy, displacement of the lumbar disc without myelopathy, and anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AN OPEN LUMBAR MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chapter 12, Page(s): 53 & 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: Official Disability Guidelines recommend a repeat MRI for patients who have a significant change in symptoms and/or findings suggestive of significant pathology. It was indicated an MRI was certified on 07/02/2013. The official read was not presented for review. The physical examination revealed positive findings of dermatomal loss of sensation, decreased strength and decreased Deep Tendon Reflexes. However, there was a lack of documentation to support that this was a significant change and /or findings suggestive of a significant pathology. Given the above and the lack of exceptional factors, the request for an open lumbar MRI is not medically necessary.

A URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS Guidelines recommend urine drug screens for patients who have issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. Given the above, the request for a urine drug screen is not medically necessary.